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ERUPTIONS

DR. BARR MEADOWS

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ERUPTIONS:

THEIR REAL NATURE, AND RATIONAL TREATMENT.

BY

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FIFTH EDITION.

"Although the MEDICAL WORLD is under strong and lasting obligations to the late Dr. Willan, and to his pupil, Dr. Bateman, for their arrangement of Cutaneous Diseases, in which they have exhibited much ability and unwearied industry, very little has been added to our stock of knowledge regarding the CURE of these most troublesome and vexatious diseases."—*Edinburg Medical and Surgical Journal.*—Vol. xvi.

LONDON:

GEORGE HILL, 154, WESTMINSTER BRIDGE ROAD;

AND

THOMAS ROBINSON, GRAY'S INN ROAD.

1870

PRICE, HALF-A-CROWN.

The *British Medical Journal*, of January 22nd, 1870, in a leading article on "Modern Dermatology," says:—

"We want a critical investigation of skin diseases in "their relation with diseases of other organs. Are diseases "of the kidney or of the liver frequently productive of "them? and, if so, what are the peculiarities of such? "Which are in special relation with the nervous system? "Are diseases of the intestinal or pulmonary mucous "membranes frequently associated with those of the skin?" "We earnestly beg of our specialists in this department "that they will abandon all useless controversy as to "nomenclature, orthography, and classification; and betake "themselves to the earnest study of the causes of the "maladies which come under their care."

I thank the learned Editor for thus seconding so ably the advice, which I have, in four previous Editions, endeavoured to enforce.

BARR MEADOWS.

Dover-street, Piccadilly,
London, W.

PREFACE TO FOURTH EDITION.

In confirmation of my statements as to the empirical character of the system which is still taught and practised by the great body of the profession, I have thought it right to introduce, as foot notes, several passages from the more recent publications upon this subject—some of which, I am happy to think, give complete, if unintentional, corroboration and support to the views which it is my sincere wish to see generally and practically accepted. It is now some years since these views were published, and a largely increased experience continues to confirm my opinion as to the soundness and value of the simple, as compared with the specific systems. The general literature of medicine, likewise, affords ample evidence of the gradual, but still constant and progressive change which is taking place in the views of the profession, some, even amongst those to whom systems of classification are necessities, directly or indirectly, being forced to acknowledge their dependence upon general indications in the treatment of cutaneous diseases, and,

whilst maintaining their ideal speciality, to modify, somewhat, their faith in the practicability of specifics. Whether the publication of this little book has in any way contributed to this alteration I do not presume to say—I notice its occurrence subsequently—but with every confidence in the eventful downfall of all artificial classifications of disease, and of all empirical systems, once more offer to the reader my reasons for repudiating the old and well-worn teachings of the schools.

INTRODUCTION.

THE aim of the following pages is to demonstrate the symptomatic nature of eruptions generally, to endeavour to disabuse the mind of prejudices in favour of the unscientific and obstructive system of classification so universally in vogue, and to point out the one only, natural, simple, and successful plan of treatment, which, in accordance with the general principles of Medicine, may always be relied upon.

Without hesitation as to the expression of an opinion as to the empirical character of all plans of treatment having regard only to objective symptoms, we, at the same time, desire to be distinctly understood, to have no intention to disparage, or fail in due respect to those gentlemen who follow the general practice or promulgate the general views; they but follow the teaching they have received, and which they no doubt regard as authoritatively perfect. Many learned men have, indeed, given to the system originally promulgated by Drs. Willan and Bateman, all the support which any such method is capable to receive; but no authorities, however celebrated, can make wrong right, or controvert reason and common-sense.

Willan's system was introduced at a period when physicians knew literally nothing about the nature or treatment of eruptions; and, truth to say, but little more about diseases generally—empirical practice was then the rule, and no method, in consequence, was more calculated to be well received than the one in question—whilst supported by men of note and celebrity, it, in course of time, began to be looked upon as "an institution," the age of which, ever increasing, has maintained for it respect. Many other traditional fallacies have been swept away, rapid strides have been made in the various branches of Medical knowledge and the collateral sciences, and we make a call to all concerned in a desire to improve the practice of Medicine, to dismiss from their minds all preconceived ideas as to the special nature of these disorders, and, with unbiassed judgments, to decide between "differential diagnosis" and common sense—to allow reason to replace tradition, and to extend to affections accompanied by cutaneous eruption, those more rational rules of practice, which a knowledge of their real character demands.

Cutaneous affections rank confessedly amongst the opprobria of our art. There are, indeed, sufficient *natural* difficulties in their treatment, but the chief, whereby they so frequently baffle

the best efforts of the practitioner, is, we opine, of easy explanation, and to be found in that misapprehension of their nature, which originated in, and is fostered by, the false system of classification to which they have become subservient.

The earliest records of Medicine afford sufficient evidence that these disorders have always, and from time immemorial, been looked upon as peculiar and distinct ailments—diseases *per se*—requiring a special line of treatment; a view no doubt originating in their notorious resistance to the numerous remedies which, at various periods, have been unsuccessfully administered for their relief.

Prior to the advent of Willan's methodical arrangement, various attempts had been made by physicians, to classify skin "diseases," and, as they imagined, thus to render them subservient to scientific study. Mercurius, Plenck, and Alibert, were amongst the most celebrated for their systems of classification, all of which, it is worthy of remark, were founded upon the variations presented by the eruption, either in appearance, physical attributes, or situation. These earlier attempts are now almost forgotten, whilst the system initiated by Willan, and subsequently more fully developed and promulgated by his friend Dr. Bateman, has continued to be looked up to, and followed, not only by his own

countrymen, but generally by practitioners throughout the world. Taught in our colleges, practised in our hospitals, and in universal favour amongst private practitioners, it has long taken firm hold upon the professional mind as a valuable addition to medical science, and this, too, in spite of the frequency with which in practice its failure is demonstrated, and made apparent.

It is no light matter to assail, and disallow a system in such universal favour, more especially when, as in the present instance, it is not intended to offer in its place an equally or more pretentious substitute. What ! ! after arriving at the dignity of a separate science ; after gentlemen of standing and position in their profession have given up their attention solely to the study of "dermatology ;" after the learned societies and journals of the profession have for generations been attentive to the praises of every new kind of remedy or special mode of treatment, which may have been vaunted in this or that form of eruption ; when our hospital museums are ornamented with expensive wax models, and the windows and shelves of medical publishers are filled with plates, designed to illustrate the different forms which eruptions are wont to assume, and to assist the practitioner in his endeavour after correct "differen-

tial diagnosis;" after all this, to be told that cutaneous disorder is always, and only symptomatic, and should be treated upon the ordinary principles of Medical science, it cannot be!—yet such is the duty which we have undertaken to perform, nor do we imagine that it will be difficult, to convince any *unprejudiced* reader, that the simple, natural, and therefore rational plan we follow and would recommend, is far superior to any artificial nosological arrangement or theoretical system.

To those who have had experience of the difficulties attending the usual practice, and who must be only too well aware how frequently under its auspices the cutaneous disorder resists all the usual and routine efforts at cure, we commend a trial of the rational method, content to rest its claims upon the superior results that will inevitably ensue.

ERUPTIONS, &c.

Drs. Willan and Bateman, and all the more modern writers who have adopted their system, commence by the division of "skin diseases" into eight orders; the Papulæ, *pimples;* the Squamæ, *scales;* the Exanthemata, *rashes;* the Bullæ, *blebs or large vesicles;* the Pustulæ, *pustules;* the Vesiculæ, *vesicles;* the Tubercula, *tubercles;* and the Maculæ, *spots.* The pimples, scales, vesicles, etc., are the elementary lesions.

The next step consists in the division or subdivision of the eight orders into different genera; such division being still in accordance with, and in consequence of, the differences of appearance, and physical peculiarities, presented by the eruption. These again, and very frequently merely on account of some accidental difference in their location, are, in like manner, re-subdivided into species.

To each genus, and to every variety into which such genus may be subdivided, there is attached some Greek or Latin, or *Greek and Latin* appellation with which being dignified, it (the eruption) takes rank as a separate and independent disease. The minute and verbose

descriptions of the appearance, physical peculiarities, and progress of the eruption, that follow and belong to each specially named variety, it is not easy to describe, and those who are unacquainted therewith, and who may not care to lose their time in such researches, must consult the wordy, complex, and *contradictory* writings of the classical authors upon this subject; suffice it to say, that the hardness, dryness, locality, temperature, colour, sensations, &c., &c., &c., which are supposed to distinguish the several species are, in such works, descanted upon in a manner, and with a fulness, evincing an attentive observation and patient labour which would be most praiseworthy were it only useful.

Thus, mapped out, named, and described, dermatologists proceed to discuss the special line of treatment which they consider suitable to each variety, and to enumerate those remedies with which they have had the most success, or which have been recommended by other writers on the subject. Little do we find in such works touching the causes of the cutaneous disorder *in individual cases;* occasionally, we meet with acknowledgments of accompanying constitutional disorder, introduced in a general and incidental manner, or referred to, as symptomatic of the cutaneous

"disease;" usually, the causes are said to be "*various and obscure*," and so, together with the constitutional and general symptoms dismissed, to give the writer space to enlarge upon the several special remedies, which, in the natural relation of things, have come to be considered as necessary in the treatment of these cases.

The following extract from the work of Dr. Burgess will give the reader some idea as to the essentially special point of view from which cutaneous affections are regarded, and of the stress that is laid upon "correct differential diagnosis":—

"The differential diagnosis of diseases of the "skin is one of the most important points "connected with their history; we shall, "therefore, endeavour to lay down some "general rules for our guidance. The chief "point is to determine the elementary lesion; "this done, we have merely to compare the "disease with the few which possess the same "elementary characters. In cases where the "elementary lesion remains unaltered, we "have simply to ascertain whether it be a "papule, vesicle, scale, &c., and this generally "is a very easy task. Our next step is to "determine the species, and in this we are aided "by the *form, seat, progress, &c.*, of the eruption.

"For example, a patient has, on the inner "side of the arm, between the fingers, &c., a "number of *small collections of serum*, distinct, "accuminated, transparent at the point, and "accompanied by itching, &c. On carefully "examining, we find that the elevations "contain no pus, that they are not solid and "resisting, that they are not papular eminences "covered by a scale, nor an injection of the "skin which disappears under pressure; the "disease is therefore *vesicular*. We have then "to find out to what species of vesicular "affection it belongs. It is neither *miliaria* "nor *varicella*, which are accompanied by "constitutional symptoms; it is not *herpes*, "for in herpes the eminences are collected "together in groups; it must therefore be "either eczema or scabies; but it is not "eczema, for the vesicles of eczema are flat-"tened, while here they are accuminated; "*ergo*, it is scabies.

"The example which we have just given is "a simple one; but the diagnosis is sometimes "more difficult, even when the elementary "character of the disease remains in part: thus "scabies, which is generally detected with "readiness, may sometimes present some diffi-"culties of diagnosis, especially when the "vesicles have been destroyed by scratching;

" but in such cases we are assisted by various " secondary indications, such as the seat of the " eruption, the appearance of its accidental " variety, the precursory and accompanying " symptoms.

" But a mere knowledge of the elementary " character of a cutaneous disease is not suffi- " cient for its diagnosis; this character may " have disappeared, and given place to the " secondary or consecutive lesions. The fluid " of a vesicle may dry off and leave a small in- " crustation; a pustule may be converted into " a scab, and the latter give way to an ulcer; " hence it is necessary that we should study " these secondary lesions, and know to what " primary characters they correspond. Incrus- " tations may succeed vesicles; scabs occur in " most pustular diseases, and ulcerations may " be a consequence of rupia, ecthyma, &c.

" In cases like the foregoing, we must first " ascertain the nature of the secondary lesion, " then determine its corresponding primary " element, and finally pursue the course just " pointed out. For example, a patient comes " to us with a disease of the skin, characterized " by thick, rough, yellow scabs, which cover a " large portion of the extremities, especially " the legs, and when they fall off, expose super- " ficial excoriations; the latter discharge a

" purulent secretion, which dries up, and forms " fresh scabs, these being the most characteristic " features of the disease. Now it is easy enough " to tell at once that this is a pustular affection, " but not so easy to determine its species. The " disease is evidently neither *variola* nor *vac-* " *cinia;* the pustules of *ecthyma* are large, " isolated, and frequently covered by black, " tenacious scabs, which end in ulceration; it " is neither *acne* nor *mentagra*, the pustules of " which rarely ever give rise to scabs. The " only affections, then, that remain are *impetigo* " and *porrigo*, and we have merely to compare " the character of these two species in order to " decide. It is unnecessary to enumerate here " the signs by which we know that the disease " is not porrigo; it is therefore impetigo, and " as the scales are scattered irregularly over the " limb, it is *impetigo sparsa*.

" In some cases different elementary lesions " occur in the same subject; but even here we " always find some predominent form, of which " the rest are but complications. However, it " may happen that we cannot ascertain at once " the true nature of the disease. This occurs " in certain chronic affections, where the ele- " mentary character gradually disappears, and " seems confounded in a different order of phe- " nomena. Even here, a sudden exacerbation

" of the disease, or a return to health, may " develop its primary character." *

For such painstaking "differential diagnosis" it is, however, unfortunate, that in a given number of cases which shall present themselves for examination, no two will be found precisely similar, so that in any individual case objective appearances can only in an approximate manner resemble the descriptions to be found in books.

This will account for the fact that all dermatologists differ with regard to the characters which are supposed to distinguish particular genera or species, one gentleman being of opinion that a certain eruption should be called by this name, another gentleman that it should be recognized by that.

Hence, likewise, the ever fresh names which are constantly being introduced, and the various new species which are continually being recognized and classified. † ‡

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* "Manual of Diseases of the Skin, from the French, by M. M. Cazenave and Schedel, &c., by T. H. Burgess, M.D., Surgeon to the Blenheim Street Dispensary for Diseases of the Skin," pp. 13-15.

† "No subject in the study of medicine has created more difficulty, or for a longer period tended to retard its advancement, than that of nosological arrangements." * * * "Writer after writer, impelled, as it were, by an ambition to devise something novel, propounds a classification, careless how complicated and difficult of being comprehended it may be, provided only it differs from those which preceded." Neglican on Skin Diseases, by Dr. Belcher, 2nd edition, p. 4.

‡ "There is probably no class of diseases less understood, both by

This method, then, professes to allot the different forms of cutaneous disorder into orders, genera, and species, and from the peculiarities supposed to characterize the appearance of each, to endue such form or genus with a distinct entity and appellation. We shall not, in this place, stop to enquire too closely as to the feasibility of such a proposition, but allow, for the sake of argument, that this the first step in the programme of authors upon classification, is accomplished. What then? The patient before us, and his skin exposed, presenting such well marked, peculiar and abnormal appearances and physical characteristics, that it were impossible but to place it to its

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medical students and practitioners, than the class of Skin Diseases. There are several causes which have conduced to this result. One cause is the great diversity of names which have been given to these diseases by different authors: some diseases having several names, and the same name having often been given to diseases totally distinct from each other; even the same writer has given new names to diseases described previously by himself under other names, and some authors use familiar terms with well recognized meanings in a manner quite peculiar to themselves." "The difficulties of understanding skin diseases have been increased not only by the multiplication of long names, but by endless varieties of classification and extreme subdivision." (*Dr. Hillier's work contains in the appendix a new classification of his own, which occupies three pages.*) "From the fact that all morbid changes in the skin are open to inspection and have been closely observed, the names of skin diseases have been multiplied, the same disease receiving different names from the different appearances presented by it at different stages of its progress, or from variations in its severity, or from peculiarities in the individual." Hillier on Skin Diseases, 1865.

right order, and to recognize it by its right and *appropriate* name. Will such facility in "differential diagnosis" enable us to appreciate the constitutional peculiarities in our patient? Shall we, by such means, arrive at the knowledge of the *causes* engaged in the production of the eruption? Or shall we, simply, and without such guides, from the designation and physical attributes of the cutaneous disorder itself, be in a position to judge as to the nature of the remedial measures requisite for the cure of any particular case? If the objective symptoms be incompetent to fulfil such office, then have we gained just nothing by our acquaintance with their "*distinctive*" characters as enumerated in the nosological tables of dermatology. Practically, this is conceded by those who follow Willan's method, for each form of eruption has, in fact, allotted to it its own special remedies, which, according to the different authorities, either should or may prove beneficial. How far this theory is pushed, and how little it is borne out in the result, we shall leave the reader to ascertain; employing as evidence to elucidate this and other important facts connected with the subject, such extracts from the writings of both special and general medical authors, as shall seem most forcibly to bear upon the points severally to

be discussed; premising that such quotations are chosen fairly and impartially, and from the writings of gentlemen well qualified as authorities.

The following comprise some of the more serious objections which we purpose to consider in reference to the prevailing system.

I.—That the generic appellations by which cutaneous affections are designated have reference only to their physical and objective characters, and are, with one or two exceptions, totally irrespective of their constitutional relationship or causation.

II.—That the generic terms are used uncertainly;—a similar form of eruption being differently named by different writers; and *vice versa*, the same name being in use as indicative of dissimilar forms.

III.—The frequent impossibility of deciding as to which form mentioned in the nosological tables the case under consideration is referable.

IV.—The simultaneous presence in the same individual of several, more or less distinct, forms of eruption.

V.—The alteration of the form of eruption, from time to time, in the same case.

VI.—The fact that one and the same cause may give rise to various forms of eruption.

VII.—That a similar eruption may depend upon many and very dissimilar causes.

VIII.—That the peculiar form presented by the eruption is practically useless as a guide to treatment.

IX.—The empirical and unsatisfactory nature of special plans of treatment, and of so-called specific remedies.

First, as to the generic appellations by which the different abnormal appearances presented by the skin are known and distinguished. This is necessarily a point of great importance when the method of treatment is supposed to be dependent upon the form of eruption, and, consequently, we shall not be surprised that Dr. Bateman evinced much anxiety for a vocabulary sufficiently copious to distinguish and describe his many forms and species.

"Amongst the manifest advantages of a "copious and definite nomenclature, may be "mentioned, in the first place, the necessity "which it demands, of an accurate investigation "of phenomena, or in other words, the habitual "analytic turn which it tends to give to our "enquiries, and therefore the general improve-"ment of the talent of observation which it must "ultimately produce. Secondly, it contributes "to facilitate the means of discrimination, by "multiplying, as it were, the instruments of

" distinct conception: for from a deficiency of
" terms we are apt to think and even to observe
" indistinctly. But, above all, a definite nomen-
" clature supplies us with the means of commu-
" nicating with precision, the information which
" we acquire, and therefore contributes directly
" to the advancement of knowledge, or at least
" removes an otherwise insurmountable impedi-
" ment to its progress. In this view, such a
" nomenclature, as far as regards the diseases
" of the skin, is obviously a great desideratum.
" For, while the language taught us by the
" fathers of medicine, relative to all other classes
" of disease, is clear and intelligible, the names
" of cutaneous disorders have been used in
" various acceptations, and without much dis-
" crimination, from the days of Hippocrates,
" and still more vaguely since the revival of
" learning in modern times. From that period,
" indeed, the diseases of the skin have been
" generally designated by some few terms of
" universal import, which therefore carried no
" import at all. Hence the words, Leprosy,
" Scurvy, Herpes, Scabies, Dartres, and some
" other appellations, have become so indefinite
" as to be merely synonyms of cutaneous
" disease. Even the more scientific enquirers,
" whose knowledge of diseases was not always
" equal to their learning, or whose learning fell

" short of their pathological skill, have " interpreted the generic and specific appella- " tions of the ancients in various senses. They " have not only differed, for instance, in their " acceptation of general terms, such as the " words pustule, phlyctæna, exanthema, ery- " thema, phyma, phlyzacium, etc.; but the " particular appellations, Lichen, Psora, Herpes, " Impetigo, Porrigo, Scabies, and many others, " have been arbitrarily appropriated to very " different genera of disease. The practical " errors, which must necessarily have resulted " from such a confusion in the use of terms, " are very numerous, as every one must be " satisfied, who has attempted to study the " subject in books. It may be sufficient to " allude to the gross misapplication of the " remedies of the petechial or sea scurvy, which " have been prescribed for the cure of inflam- " matory, scaly, and pustular disease, merely " because the epithet, *scorbutic*, has been " vaguely assigned to them all; and to specify " the single instance of the administration of " tincture of Cantharides in the scaly Lepra, " on the recommendation of Dr. Mead, who " however seems to have spoken of the " tubercular Elephantiasis, or the non-scaly " Leuce; although it would be very difficult to " ascertain his meaning. Most of the writers,

"who have composed express treatises on "cutaneous diseases, in modern times, have "implicitly adopted the nomenclature of the "ancients, without attempting to render it more "definite, or to improve upon the diagnosis "which they had pointed out."

The above extract clearly demonstrates three of the fundamental principles or peculiarities belonging to this system; viz.:—the peculiarly distinct nature supposed to attach to cutaneous disorders generally, and to the various forms in particular; the special plan or plans of treatment imagined to be requisite in each several form: and the entire absence of regard for variety in causation as a guide to the choice of remedies in particular cases. Dr. Bateman's own method, being but an exaggerated example of a like proceeding—his condemnation of those who employ one remedy for very various forms of disorder, "merely because of the epithet vaguely assigned to them all," is specially amusing. Drs. Willan and Bateman did, and those who follow their teaching do, exhibit one form of remedy in many very different constitutional disorders, merely because a single symptom (the eruption on the skin) presents a like appearance in all, and has had a perhaps by no means characteristic epithet assigned to it by these very gentlemen.

Sailors, after a long and hazardous voyage, not infrequently arrive in port, in broken health, with bleeding gums, and bruise-like discolorations of the skin, etc.—in short, suffering from what is popularly known as sea-scurvy.

"The superficial markings of purpura, the red and purple spots and livid blotches *exactly resemble* the spots and bruise-like discolorations which characterise sea-scurvy;"* yet the causes and the constitutional condition in each are by no means the same, and, consequently, their successful treatment can only be conducted by different, and, frequently, contrary means.

The physical and abnormal peculiarities presented by the skin are, in such cases, sufficiently well marked, but they never did, and they never could *alone*, have afforded any information or guidance as to the remedial or preventive measures demanded for, and adapted to, the malady with which they are connected.

From *the history of the causes* engaged in numerous cases, sprang the knowledge that want of fresh vegetables caused, and that their subsequent use would cure the disease; and so, scientific enquiry having shown that potass was not only a natural constituent in healthy

* Sir Thomas Watson, Bt., M.D.

blood, but also, more or less, in most vegetable articles of diet, we have an explanation of the cause and intimate nature of the disorder resulting from vegetable deprivation, and a sure and simple guide to its prevention or its cure. *

The small reliance that is to be placed upon the mere form assumed by the cutaneous symptoms as a practical guide to rational and successful treatment is well exemplified in this affection. A like form of cutaneous disorder to that which ensues upon vegetable deprivation, and even to a *certain extent* a similar constitutional derangement, known also under the generic name of *purpura*, is not infrequently met with amongst the poor, ill-fed, half-clothed, and houseless denizens of our larger cities;—these poor wretches have, may be, from dire necessity, existed for some lengthened period upon an insufficient and *vegetable* diet;—the outward and superficial markings are the same in this case as in that of the sailor deprived of such food,—the systemic affection also in both points to a poverty in the blood as its proximate cause, but here the similitude ends, the wanting

* It may be here remarked, that in many instances of so-called scorbutic disorder, much mischief is frequently occasioned by the indiscriminate and inordinate employment of fruits and vegetables,—the popular notion that such diet is necessarily beneficial, cannot be too strongly deprecated.

blood element is not alike in the two instances—the systemic fault is by no means *identical*, and however beneficial a resort to vegetables might be in the one case, no one, we imagine, save a homœopath or a lunatic, would exhibit such treatment in the other.

Secondly; dermatological nomenclature does not, even to dermatologists, convey any certain and distinct signification,—a given name used by one gentleman to *distinguish* a certain form of eruption, may represent to the mind of some other gentleman an entirely unlike form of cutaneous disorder, so that, even for conversational purposes, these appellations are in many instances insufficient to convey any definite information.

Different authors vary in their description of the physical characters, progress, and situation of the several genera; not slightly, but frequently, to such a degree, as to be at issue respecting the very nature of the so-called primary lesion presented by the genus in dispute,—*yet these primary lesions are the distinguishing characters which are supposed to constitute the ground work of the grand and fundamental division into orders! ! !*

"The Porrigo Scutulata, or ring-worm of "the scalp, has given rise to great difference "of opinion as to whether it is a pustular or

" vesicular disease, and whether the pustules " or vesicles are at all essential to the disease. " Willan, Bateman, Biett, and the older writers, " class it among the former; some of the French " writers, especially M. Cazenave, among the " vesicular. Dr. Neligan considers herpes to " be the true ring-worm; and Dr. Burgess " regards this form as the result of normal " irritation of the bulbs of the hair. When " such eminent dermatologists differ, I cannot " be expected to be able to decide. I can " scarcely doubt, after the examination I have " made, that there is a form of ring-worm, the " element of which is a vesicle, but this does " not prove that a pustular eruption may not " assume this character. Dr. Burgess's de- " scription differs equally from that given by " Bateman and that by Negligan." *

Again at page 624,—" Notwithstanding the " opinions of Willan, Bateman, Alibert, Biett, " and others, of the pustular character of porrigo " favoso, it seems clearly established now that " this variety at least is of a vegetable nature. " It is true that Dr. Mahon considers it a " morbid secretion of the sebaceous glands, " and Drs. Bennett and Burgess and Mr.

* Dr. Churchill's " Diseases of Children," p. 619.

"Erichsen as a tubercular disease; but the "researches of Schonlein, Gruby, Remak, "Corrigan, Robin, etc., seem to have pretty "well set the question at rest."

"Dr. Thomson, after full consideration of "these diseases, decided not only on retaining "the distinction drawn by Willan and Bateman "between porrigo favosa and lupinosa, but also "concluded that the evidence in favour of the "pustular origin of these diseases and of "Pscutula was sufficient.

"This opinion is not, however, shared by "many observers, who have classed together "porrigo favosa and lupinosa as being different "shades of the same disease, have denied their "pustular origin, and have separated the "affection, which, according to circumstances, "is termed favus dispersus or confertus, from "porrigo scutulata altogether. Still very con- "siderable differences exist in the use of terms. "Thus, porrigo scutulata is, according to "Gustav Simon, a synonyme of favus con- "fertus; porrigo lupinosa is a synonyme of "favus dispersus; while the herpes tondens of "Cazenave is not referred to as at all allied to "porrigo scutulata, although many facts imply "that both appellations designate the same "disease. Erasmus Wilson refers porrigo "favosa to impetigo capitis, and terms porrigo

"lupinosa, favus dispersus. He gives the "phrase porrigo scutulata conferta as a "synonyme of favus confertus; while, in "another part of the work, the porrigo scutu- "lata of Willan appears as synonymous with "his trichoses furfuracea, or Tinea tondens, "viz., the herpes tondens of Cazenave, the "herpes capitis of Neligan." "Examples of "such varieties of nomenclature might be "adduced in great numbers, if there were any "object to be gained in so doing."*

"Among the causes of obscurity which "attend the study of complaints of the skin, "there is hardly a greater than the multitude "of terms which are applied to them; and if "the various diseases had been represented by "a chess-board, and the names well shaken "together in a bag, had then been emptied "upon the board, so that several names should "fall indiscriminately on each square, there "could not be a greater confusion than reigns "over the nomenclature of these disorders."†‡

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* "Diseases affecting the skin," by the late Dr. Anthony Todd Thompson, completed and edited by Dr. Parkes, p. 430.

† Erasmus Wilson on "Healthy Skin."

‡ Mr. Wilson originally adopted a *Physiological* basis for his arrangement, but, says Dr. Belcher (Neligan's Skin Diseases, page 11): "In consequence of a more extended experience, Mr. Wilson aban-

Thirdly; the frequent impossibility of deciding as to which form mentioned in the nosological tables the case under consideration is referable, forms no inconsiderable impediment to the practical working of a method such as that which we have at present under consideration. Willan's system prescribes set rules of treatment for each several form of eruption bearing a generic appellation; but it is of course utterly impossible to conform to such practice, in cases whose proper denomination does not clearly appear or cannot be discovered.

This untoward circumstance is by no means infrequent in its operation, nor does it depend altogether upon differences of opinion amongst dermatological authorities in regard to the physical attributes which, according to each, severally, should represent and constitute a peculiar genus or species. Where the constitutional peculiarities, habits, circumstances, and ages of patients differ; where the duration and progress of the systemic fault may vary; where accidental and fortuitous circumstances

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doned this classification, and in the *fourth* edition of his work, published in 1857, substituted for it what he terms an *Etiological* classification," (the elaborate details of which would fill several pages), whilst again, in the latest systematic treatise of that veteran (Student's Book, &c., 1864-5), this etiological classification is in its turn set aside in favour of a *Clinical* arrangement in twenty-two groups.

may interrupt, retard, or change the action of the morbific agency engaged; where, moreover, the causes may be not only various in character, but complicated and concomitant, we can readily believe, that the resulting cutaneous symptoms will not, in any case, resemble too closely the figured or verbal description which may be put forward as typical of any genus.*

The physical distinctions between the primary lesions themselves are but differences in degree and stage, all being alike, the result and evidence of abnormal cutaneous nutrition (or, as some would say, of cutaneous inflammation), and, therefore, so running the one into the other, as to render it, in many cases, impossible to say to which form the eruption present offers the greater or less resemblance.

Fourthly; the simultaneous presence of several more or less distinct forms of eruption in the same patient resembles somewhat closely the last objection; it likewise shows, in a most conclusive manner, that the form

* The cases so freely published as examples of cures effected by this or that plan of treatment are, from the same causes, practically useless, save indeed, as proof, that the *name* of an eruption being given, the treatment—irrespective of difference in constitution or causation—varies only with the predilection of the author for one or other empirical remedy.

assumed by the cutaneous symptoms is no safe guide as to the nature of the constitutional disorder;—the system may be assailed by several causes of disorder, or the systemic affection present may be complicated by the implication of several organs, etc., etc., but still the constitutional disorder is indivisible, nor can it give rise to different *kinds* of disease in any single tissue at one and the same time; although the *degree* of its morbific influence, upon such, may be altered and various, in proportion to the previous healthy or unhealthy condition of the organ or tissue over which its action may be exerted. In other words, several forms of eruption being together present in the same individual, such are not, severally, the result of a separate and distinct constitutional cause, nor are there separate and distinct constitutional affections connected in any way with each—the systemic fault, complicated or uncomplicated in its nature as the case may be, is but one and indivisible, and the cutaneous lesions, however their characteristic appearances may differ, are all and equally related thereto. Even were it otherwise, the disciples of Willan could not attempt to resort to a plurality of different remedies, supposed by their method to be requisite for each of the several forms of eruption which might be presented in

the case; whilst it is equally plain that a single plan of treatment which will be beneficial and curative for the whole, must be such as will restore the constitutional integrity of the system, and, if so, afford conclusive evidence, that the form of eruption is no guide as to the plan of treatment which will prove successful. *The form of the eruption is no criterion as to its constitutional cause; the indications for successful constitutional treatment are not dependent upon the form assumed by the cutaneous symptoms!*

"The characteristic symptoms of diseases of "the skin may be mixed up together, and we "often find many different elementary lesions "co-existing, especially in acute cases. They "are often *attended* by general symptoms, par- "ticularly those of more or less severe irritation "of the air passages and intestinal canal."*

Fifthly; the alteration of the form of eruption from time to time, in the same case, gives evidence that a similar constitutional disorder or local irritation is capable of producing, according to the duration of its action, different forms of cutaneous disease; so that the practitioner who is early in attendance on the case

* Burgess, p. 7.

may see one form of eruption, whilst a later examination would reveal another form. Yet the cause to be removed, whether constitutional disorder or local irritation, is of the same nature at both periods ! !

"Again, the diseases which commence with "one generic character, are liable occasionally "to assume another, in the course of their "progress:—thus, some of the papular erup- "tions become scaly, and still more frequently "pustular, if their duration be long protracted; "the Lichen simplex and circumscriptus, for "instance, sometimes pass into Psoriasis; the "Lichen agrius and Prurigo formicans are "occasionally converted into Impetigo; and "the Prurigo mitis is changed to Scabies. "Moreover, it frequently happens, that the "characteristic forms of eruptive disease are "not pure and unmixed, but with the more "predominant appearance there is combined a "partial eruption of another character; thus, "with the papular Strophulus, with the rashes "of Measles and Scarlet Fever, and with the "pustular Impetigo and Scabies, there is occa- "sionally an intermixture of lymphatic vesicles. "And lastly, the natural progress of many "eruptions is to assume a considerable variety "of aspect, so that it is only at some particular "period of their course that their character is

" to be unequivocally decided. Thus in the " commencement of Scabies papuliformis and " lymphatica, the eruption is of a vesicular " character, although its final tendency is to " the pustular form; and, on the contrary, in " all the varieties of Herpes, the general cha- " racter of the eruption is purely vesicular: " yet, as it advances in its progress, the inclosed " lymph of the vesicles acquire a considerable " degree of opacity, and might be deemed " purulent by cursory observers. In like " manner, the original pustular character of " some of the forms of Porrigo is frequently " lost in the accumulating crusts, the confluent " ulcerations, and the furfuraceous exfoliations, " which ensue, and which conceal its true " nature from those who have not seen, and " are unacquainted with, the whole course of " its advancement.

" These circumstances constitute a series of " natural impediments to every attempt at a " methodical arrangement of cutaneous diseases. " But it is more philosophical, as well as prac- " tically useful, to compromise these difficulties, " by retaining in the same station the different " appearances of a disease, in its different " stages and circumstances, when our know- " ledge of the causes and remedies, as well as " of the natural progress and termination of it,

" is sufficient to establish its identity, than to " separate the varying symptoms of the same " disorder, and to distribute the *disjecta* " *membra*, not only under different genera, but " into different classes of the system, after the " manner of Professor Plenck. Such was the " method adopted by Dr. Willan; and, although " it may sometimes diminish the facility of re- " ferring individual appearances to their place " in the nosological system, yet it greatly sim- " plifies the classification, as well as the prac- " tical indications to which it conducts us."*

VI. and VII. The next two objections which we have to offer to this system are, we consider, insuperable, and may conveniently be considered in conjunction. That one and the same cause may give rise to various forms of eruption, is in itself a good and tangible objection to a system, which professedly advocates a special plan of treatment for each and every different form of affection to which the skin is liable, and more especially so when such diversities exist in the appearance of the several disorders as, according to this method, to separate them most completely, the one form from the other.

* Bateman.

Again, the fact that a similar cutaneous eruption may depend upon very many and dissimilar causes and constitutional conditions, would, we should imagine, convince the most obtuse intellect as to the necessity for a corresponding diversity in the remedial measures requisite for the cure of individual cases; would prove that no routine prescription could benefit all, or even the majority of patients subject to such similar eruptions, and point with no little force to the general disorder, in contradistinction to the local symptom, as *the* affection to be considered and removed.

"The same exciting cause will produce dif-
" ferent kinds of cutaneous disorder in different
" individuals; thus, certain substances, which
" suddenly derange the organs of digestion,
" sometimes produce Urticaria, sometimes Ery-
" thema and Roseola, and sometimes even
" Lepra and Psoriasis; yet each of these shall
" retain its *specific* character, and follows its
" peculiar course; thus also certain external
" irritants will in one case excite the pustules
" of Impetigo, and in another the vesicles of
" Eczema." *

"To what are we to ascribe the great diver-
" sity of physical characters which the different

* Burgess.

"eruptions, not exanthematous, assume? We "recognise and describe some as *papular*, "others as *pustular*, *vesicular*, *squamous*, and "*tubercular;* but we are forced to acknow- "ledge that we are ignorant of the peculiar "changes in the functions and general condi- "tion of the system whence these diversities "originate. It is, nevertheless, true, that in "every condition of the habit, *originating or* "*associated* with diseased states of the skin, "the capillary vessels are the organs morbidly "affected; and, according to the degree of "this change from their normal action, the "diversities in the physical characters of the "eruptions may be traced. The importance of "becoming familiar with these diversities need "not be insisted upon; they are the chief "sources whence a diagnosis can be formed, "*and from which*, in many instances, we must "derive our information of the general consti- "tutional derangement with which they are "associated."*

"The propriety of separating, in description, "those cutaneous eruptions which are conse- "quent on the action of the poison of Syphilis, "has long been admitted. Abstractedly, their "derivation from a specific cause, and, practi-

* Thompson by Parkes. Opus cit. p. 187.

" cally, their treatment by special methods " are sufficient grounds to justify such a separa- " tion. Syphilitic eruptions may assume the " form of any of the cutaneous eruptions which " do not spring from specific causes. They " may present the physical characters of roseola " or erythema, of various papular, vesicular, " pustular, scaly, or tubercular eruptions, such " as lichen, eczema, impetigo, ecthyma, rupia, " lepra, psoriasis, lupus, &c.; but they never " assume the forms of the true exanthemata, " or of the other eruptions which spring from " specific agents. The eruptions of variola, " scarlatina, typhus or typhoid fever, can never " be imitated by the effect of the syphilitic " poison. Possibly, an eruption owning another " specific cause may happen to develope itself " in the system of a person who has become " tainted with the syphilitic diathesis, and may " be more or less impressed by the presence of " the pre-existing constitutional disease."*

" Experience shows that diseases of the skin " may be caused by what we call, for want of a " better name, critical influences; nature thus " sets up a salutary deviation towards the skin. " As to the cause of the *special* form which " cutaneous disease may assume, we are com-

* Ibid. p. 352.

"pletely ignorant; we cannot tell why the "exciting cause should in one case produce a "pustule, in another a vesicle, in a third a "papule; yet it is to this obscure point all "our efforts should be directed, for on it pro- "bably depends the secret of the precise seat "of cutaneous diseases."*

VIII. The form presented by an eruption is no criterion as to its cause, and, consequently, is practically useless to direct us in our choice of remedies. Yet, the practice in cutaneous affections rests entirely upon the hypothesis, that the form, situation, and physical peculiarities presented by an eruption are always sufficiently well marked to allow of its differential diagnosis, and to decide as to its appropriate denomination; such diagnosis, when correct, being considered as an adequate guide and indication to a suitable plan of treatment.†‡

* Burgess, p. 13.

† "Describing the individual eruptions of the skin I have spoken of the treatment adapted for each." Neligan's Skin Diseases, by Belcher.

‡ In a clinical lecture "On two contrasting cases of acute eczema," Dr. Handfield Jones says, "There can be no question that the chief "curative agent on both occasions (the case relapsed after about six "months from the first period of treatment) in the above instance was "arsenic." The second case, previously without benefit, treated with arsenic, rapidly recovered under simple and non-specific treatment. Dr. Jones mentions that "the appearance of the diseased skin in "these two instances was closely similar, it might be said identical. "No dermatologist would have hesitated to pronounce them both "examples of the same disease and in the same stage. . . . But

No honest practitioner, however, will be found to deny the fact, that remedies, so indicated, very generally fail, sometimes aggravate the disorder, or that after a long series of trials with different reputed remedies, cases will be found, not seldom, to resist all such efforts, and at length be given up as "obstinate" and "incurable."

The following is from *The Lancet*, August 15th, 1863; similar queries are constantly

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" (says the Doctor) were they the same disease? I presume that a " chemist who had two perfectly clear colourless solutions before him " whose composition was unknown to him, would not consider them " identical if they reacted differently with the same test. Some of the " ingredients might be the same, but there must be some material " difference between the two fluids. So it is, I believe, with cases of " eczema like those I have detailed to you; they are apparently similar " but not really and completely so; and, unfortunately, not so in that " which is of far more importance, viz., their therapeutic requirements. " . . . . That in our second case the disease was materially " increased by the administration of arsenic there can be no doubt, and " I am anxious that you should always bear in mind the possibility of " this occurrence, and not look on this remedy as one which is in the " least a specific for skin diseases. It is, I believe, nothing of the sort, its " *modus operandi* is totally intelligible, and, like all our good remedies, " or almost all, it is capable of doing harm as well as good. When I " give nitric acid or tr. ferri muriatis, or quinine in an æsthenic " bronchitis, I have the same fear before my eyes that I have when I " give arsenic for the cure of a cutaneous eruption. I fear lest they " should chance to act as irritants and not as tonics, or, as I have " previously put it, that they disturb the nutrition of the tissue instead " of toning the vessels and nerves. . . . In conclusion take the " following as a fair inference from the foregoing experience. Do not " suppose that diseases are uniform entities ticketed (so to speak) in " books with their appropriate remedies, and that all you have to do is " to find out the name in order to have the treatment. This may do " for counter practice and sundry and various pathies, but not for " rational medicine."—*The Medical Press and Circular*, June 19, 1867.

to be met with in the pages of the several Medical periodicals. The inferences which may be drawn therefrom are obvious enough.

"TREATMENT OF ECZEMA."

"To THE EDITOR OF 'THE LANCET.'—Sir, "may I ask through your columns what can "best be done for a troublesome case of eczema "of sixteen years' standing, which has hitherto, "with the exception of temporary relief, re- "sisted all treatment? Has any fresh light of "late years been thrown on the treatment of "this worrying complaint? Perhaps some of "your numerous readers and correspondents "may have successfully fought it, and would "not object to give (briefly) the benefit of "their experience, and much oblige,

A READER OF 'THE LANCET,' FOR THIRTY-FIVE YEARS."

Systematic writers are compelled to acknowledge that, in any given form of eruption whose possible causes are both numerous and dissimilar, no one plan of treatment will always, or even frequently, be admissible; this does not, however, prove to them, as it should do, the utterly impracticable nature and inutility of differential distinctions: constrained to confess the causes variable and uncertain, they yet maintain an ideal speciality, and so, as one plan of treatment will obviously not suffice, they

offer some score from which their followers may take their choice, or which severally are recommended by different *authorities*.

Is this not a good and sufficient explanation why cutaneous affections are intractible, and so frequently beyond the skill of the practitioner? Is it not evidently the natural result of a system which ignores and overlooks the *cause* of the disorder in anxiety after a minute differential diagnosis of its *effect?* Placing implicit reliance on the unnatural system in which they have been educated, the disciples of Willan first determine the form and genus to which the case under consideration bears an outward resemblance, and this *momentous* question being decided to their satisfaction, proceed at once to adopt the plan (or rather one of the plans) of treatment, which their method lays down as orthodox and necessary for the particular form of cutaneous lesion, to which they have, with so much judgment, allotted a local habitation and a name.*†

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* "It is necessary, in order advantageously to study the diseases of the skin, to classify them, *and thereby obtain a comprehensive* view of them (?), and a notion of their natural affinities, as well as to be able to distinguish one from another, and *to give a name* to any case of disease that presents itself."—*Hillier on Skin Diseases.* Lond. 1865.

† "The diagnosis can generally be made by means of the objective phenomena or physical signs alone, without any assistance from the

Can these gentlemen forget how often diseases, bearing a similar outward appearance, originate and are perpetuated by entirely opposite morbific agencies? Or can they fail to observe the various and dissimilar forms and appearances to which one and the same exciting cause is capable of giving rise?

What, after all, do these different orders, classes, and genera signify?

How do the papulæ differ from the vesiculæ; or these again from the pustulæ or squamæ? Are they not all examples of the abnormal nutrition (inflammation) of the cutaneous tissues?—alike in being effects of disordered capillary action, and differing only in degree and stage. Again, what practical benefit can be derived from the multifarious divisions into which authors have succeeded in separating and sub-dividing these different forms?

What signifies it to know, that each and every little variety of appearance, of form, or of

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history or the subjective symptoms. The history and the patient's own sensations will prove useful *in the way of confirmation.*—*Hillier*, p. 20.

"Having diagnosed the case accurately, the question of treatment may then be profitably entertained."—*Hillier*, p. 31.

"As an aid to diagnosis, his (Willan's) system of classification is convenient, *but as a guide to treatment it is of no use! ! !*"—*Hillier*, p. 9.

location, justifies the use of a distinct appellation?

Will the fact that *Purpura* is purple, that *Erythema* is red, that *Miliaria* is like a millet seed, or that *Scabies* has a tendency to provoke scratching, help to elucidate the nature or the causes of these affections?* or, in any way, tend to point out the proper method of treatment which may be requisite? Certainly *no*,—each system of classification and every plan of treatment depending upon the appearances or situation of the cutaneous symptom is void of all scientific character whatever, and calculated to accomplish no end save the mystification of the ignorant, and the disappointment of both patient and practitioner.

We may be met with the objection in favour of differential diagnosis, that the exanthemata (Small-pox, Measles, Scarlatina, etc.,) are pretty constantly accompanied by eruptions, which, when present, are more or less charac-

* "Every form of elementary lesion (papulæ, squamæ, vesiculæ, maculæ, &c.) is met with amongst the syphilides; but for purposes of treatment it is infinitely more important to know that a disease is syphilitic than to know whether it is papular or squamous; the diathetic condition must be treated: all the local phenomena, however different they may be from each other, will in this manner be got rid of."—Hillier, page 11. Why this exception in the case of syphilitic diathesis? Reason tells us the same rule is applicable and essential in *every* case.

teristic and pathognomic in appearance and in progress; truly, from the specific nature of the poison to which such diseases are severally due, it is only what might be expected that such should be the case; but it must be borne in mind, that unlike all other causes of constitutional disturbance, these, from peculiarity in the poisons engaged in the causation of the general disease, run each a definite course,—and that the resulting symptoms, *therefore*, are also definite *to a like extent*. But were Small-pox, and the other constitutional affections of the same kind, always accompanied by their own several and peculiar cutaneous symptoms —which, by-the-way, we know they are not— such fact would not, nevertheless, furnish one single argument in favour of the practical value of differential objective diagnosis; it is not the characters of the several eruptions, in the cases alluded to, that furnish satisfactory indications for their management; it is a knowledge rather of the peculiar nature and action of their causes (the zymotic poisons), by which our treatment is governed—moreover, were it otherwise, such argument could in no manner apply to diseases referable to general and non-specific causes. In syphilis we have an equally specific poison, yet the resulting cutaneous symptoms present the greatest

diversity of character, and this, simply because the natural action of the syphilitic virus is irregular and indefinite, presenting, therefore, in its cutaneous symptom, similarly various appearances. The Syphilitic poison is not capable of giving rise to eruptions similar in progress and appearance to those depending upon *another specific poison whose action and duration is constant and defined*, but, with this exception, there is no form of cutaneous eruption which may not arise in consequence of its action.

This difference between Syphilis and the before mentioned eruptive fevers is readily explained—the virus of Small-pox, and the other similar specific and zymotic poisons giving rise to general diseases which are usually accompanied by cutaneous symptoms, have a rapid course of action, and enjoy, so long as they obtain, the mastery of the system:—it is not so in constitutional syphilis, the syphilitic poison, besides being irregular, is slow in action, and gradual in progress; usually extending over months and years, and not rarely lasting during the whole period of life, its influence is thus frequently exerted in connection with some other morbific agency, or its own individual action is modified by its duration, by the treatment to which it may previously have been

subjected, by the age, occupation, habits, or constitution of the patient;—influences which have no time and less scope to operate in the case of the exanthemata.

From diseases of the gravest import to instances of slight and ephemeral disorder of the stomach, we have that little organ, the tongue, offering to our notice many and various alterations from the natural appearances which it presents when the body is in health, and such abnormal peculiarities, *together with the other symptoms and history of the case*, are, truly, to the physician, both instructive and valuable. But imagine some inventive genius of the Willan school to map out these unnatural appearances according to their several physical and objective peculiarities, to divide them into orders, genera, and species, "after the manner of the Botanical arrangement of Linnæus," to allot to each a separate, euphonious, *perhaps meaningless*, cognomen, and then gravely to enumerate as the symptoms peculiar to, and accompanying this or that alteration which may be presented by the tongue, such as are preculiar to the constitutional cause of the lingual disorder,—be it typhus, hydrophobia, dysentery, or a broken leg. If to this be added a system of special treatment for each separate form of lingual "disease" mentioned in such arrangement,

irrespective of the nature of the accompanying symptoms in individual cases, and we have an excellent comparison to the systematic method of Dr. Willan and his admirers.

Finally; the following extracts leave us no room to doubt as to the special line of practice, and the supposed specific nature of the remedies, which are represented as requisite for the cure of eruptive disorders. Indeed, it would be impossible for eruptions to maintain their status as peculiar and distinct diseases without the prevalence of an opinion in favour of their specific medication. That they should particularly demand certain special remedies is compatible only with the supposition that they are due, each and all, to special morbific agencies. We quote authorities sufficient to prove the contrary fact, viz., that they are dependent on the ordinary causes of diseases generally, and we know by experience, and it is in accordance with every reasonable inference, that they are likewise amenable to the curative influence of ordinary remedies exhibited with regard to their constitutional connections.

"The constitutional means employed in the "treatment of diseases of the skin are ex- "tremely various. They comprise blood- "letting, purgatives, alkalies, acids, anti- "monials, preparation of sulphur, sudorifics,

" and, finally, the tincture of cantharides and " preparations of arsenic or mercury, which " evidently act in a direct manner on the " skin." *

" *Diseases of the Skin have been long sub-* " *mitted to a particular line of treatment;* " viz., the use of bitters, and of remedies con- " taining sulphur, which seems to have ex- " cluded all others; within the last few years, " however, several remedies of great value " have been discovered, but careful observa- " tions were wanted to determine their real " value, and *the cases to which they are appli-* " *cable;* in supplying the latter knowledge, " M. Biett has rendered a most important " service. He was the only physician in " Europe who has made *a complete series of* " *experiments on the treatment of cutaneous* " *diseases, with different remedies;* and it is a " matter both of surprise and regret that many " of the results which he has obtained should " have been published by persons who conceal " the source whence their knowledge was " derived." †

" Local excitants are of various kinds and " often very useful; they seem to modify the

* Burgess.

† Ibid, p. 16.

" vitality of the skin. They comprise vapour " baths and douches, alkaline baths, sulphu- " reous baths of every kind, lotions or oint- " ments containing mercury, sulphur, iodine, " &c. *When speaking of the particular treat-* " *ment of each disease*, we shall consider these " preparations more fully." *

Notwithstanding the number and variety of the therapeutical aids above alluded to, it happens, curiously enough, that certain authors, after arranging the various forms of eruptive disorder in accordance with Willan's method and their own peculiar fancy, and subsequent to a laboured description of and distinction between the said genera and species, discover in some one or two favourite and so-called " specific " remedies the cure for the majority, if not for all, these varying affections. One advocates the Turkish bath, another mercury, and a third arsenic as *the* remedy for each and every chronic eruption of an " obstinate " and " intractible " character—and this, too, no matter what its cause, its connection, or the constitutional condition of the person affected.

Thus, a well-known author, after enumerating, classifying, and describing the multitude of

* Ibid, p. 17.

genera and species mentioned by Willan, tells us, that in all chronic cases the principal desideratum is a knowledge as to whether the case is, or is not, due to syphilitic contamination. If syphilitic, this gentleman recommends a mercurial treatment—if not, in his opinion, there is no remedy equal to arsenic. That mercury is requisite in all, or even in any case, because of its syphilitic character, is a question open and undecided; however, to those (we are not amongst the number) who consider it requisite and beneficial in syphilitic affections generally there is nothing remarkable in its employment as a remedy for differing forms of eruption having one common (syphilitic) origin; —but what are we to say to this wholesale employment of arsenic in cases acknowledged as dependent upon or connected with almost every variety of constitutional derangement? A system so self-evidently empirical might reasonably be expected to obtain a justly merited contempt—such, however, is not the case,—the systematic method universally acknowledged, special plans of treatment for each differing form of eruption have been found impracticable and useless—and so, as any powerful therapeutical agent must, necessarily, be beneficial and curative in *some* proportion of the cases where it is experimentally exhibited,

universal "specifics" have come to find favour, in preference to the varied, but none-the-less routine plans of treatment recommended by the more orthodox systematic writers.

"On the Medicinal use of Arsenicated "Mineral Waters."—*Lancet*, August 1st, 1863:—

"While fully admitting that the whole "subject of the physiological action and medi- "cinal employment of this powerful substance "requires careful and extended investigation, "there cannot, I think, be any doubt that "in many chronic intractible diseases, arsenic "is one of the most potent remedies at our "command. *All* writers on diseases of the "skin bear concurrent testimony to its value "in the treatment of *lepra*, *eczema*, and other "still more loathsome forms of cutaneous "disease, and one in particular lauds its "'almost omnipotent influence' over the non- "syphilitic forms of *the* malady, ascribing its "occasional failure to the exhibition of the "remedy in too large doses, and at intervals "too distant. Mr. Erasmus Wilson, in treating "of lepra, says that he places the greatest "reliance on arsenical preparations; but in "ordering the artificial solutions of this metal "admits the necessity of explaining to the "patient the symptoms which call for the

" suspension or omission of the medicine, and " alludes to the precautions requisite to guard " against irritation of the stomach by its inges- " tion. And in the most recent contribution " on the subject—the lectures of Dr. M'Call " Anderson—the same homage is paid to the " superior efficacy of arsenic in the treatment of " eczema. As regards this class of complaints " I believe that the experience of most practi- " tioners is to the same effect."

That arsenic, cantharides, and similar remedies are most potent agents is undeniable, but it should be remembered that in exact proportion to their potency are they contra-indicated for indiscriminate use. They all possess or are followed by well marked physiological changes, but can these effects, by any process of reasoning, be made to appear as suitable or curative in dissimilar and even directly contrary conditions of the system? The therapeutical agent, the physiological action of which is not calculated to prove beneficial in a given case, is, necessarily, and *exactly in proportion to its potency*, calculated to produce mischief, and it is deeply to be regretted, that the prevailing system adopted in these eruptive affections should lead to and sanction the use of special remedies, and, more particularly, that such pseudo-specifics are generally to be found

amongst the most dangerous articles in the *materia medica*.

To *try* the effects of a powerful agent, be that agent a drug, wet sheets, or the Turkish Bath, simply from preconceived opinion that it *should be* beneficial in any disorder bearing a given name, cannot even be looked upon as a scientific experiment, and unless its physiological action be in accordance with the constitutional indications or systemic condition, is not, however cautiously prescribed, without corresponding danger.

Cutaneous disorders rarely call for heroic remedies, nor is it ever justifiable or safe to have recourse to such solely on account of the physical and objective symptoms presented by an eruption. We must direct our treatment to the eradication of the cause before we can hope to remove the effect, not forgetting that obstinate affections of the skin may be removed temporarily at the expense of subsequent and lasting injury to the constitution. We do not intend or wish to decry the medicinal *use* of arsenic in suitable cases, accompanied or unaccompanied by cutaneous symptoms, but we do most firmly and unhesitatingly lodge a protest against the *abuse* of this mineral, and particularly against its exhibition to fill a supposed indication furnished by the form and appearance of

a cutaneous eruption. Practically conversant with its use, we have also witnessed the injurious and sometimes dangerous effects attending its abuse; we have seen many cases where its exhibition has miserably failed to afford benefit to the affections of the skin which were supposed to indicate its employment; and more than this, we have had the satisfaction to see recover, under the use of ordinary and simple remedies administered with a primary regard to the *cause* of the local symptoms *and the nature of the systemic fault*, many cases supposed incurable, or which had resisted arsenic and other kindred "specifics" prescribed by gentlemen well accustomed to their employment. Not only so—we have learned from experience that in *no case* is the exhibition of arsenic *necessary*:—that simple remedies will, if scientifically prescribed, in all cases susceptible of cure, restore, with at least equal certainty, the integrity of the skin; without danger to the constitution, and, in fact, with benefit to the general health: and it is in consequence of this knowledge, confirmed in many thousands of cases, that we have for some years past entirely discontinued its employment.

Because the ordinary medicinal dose of arsenic is about fifty times less than that requisite to kill, it is argued that "It is, therefore, not only "a safe medicine, but an unusually safe one.

"For, let us apply this test to other medicines. "Take the average dose of calomel to be four "grains, multiply this by fifty and you have "two hundred grains for a dose! one-fourth of "which would be fatal to most persons in one "dose. Take two grains of opium for a medi- "cinal dose. This multiplied by fifty would "amount to one hundred grains, one-fifth of "which has often been fatal, being equivalent to "an ounce of laudanum, of which two drops "have poisoned an infant. Or let us suppose "that fifty times the ordinary dose of any "medicine *not poisonous* be swallowed. Few "patients, if any, would survive the experi- "ment. Fifty ounces of Epsom salts, thirty "drachms of magnesia, three ounces of "rhubarb, a quart of castor oil at a draught, "or two quarts of *black* draught! Nay, "who would survive twenty-five drachms "of sal volatile, or even fifty wine glasses of "brandy for a dose? Who would not prefer to "risk his life on two grains of arsenic rather "than on any one of these unheard-of doses of "domestic medicine? We might pursue this "subject and shew that, whereas it requires fifty "times the medicinal dose of arsenic to poison "a patient, four or five times the medicinal dose "of *any* of the active medicines in common "use would prove poisonous in a few hours.

"*Ergo*,—and who can avoid the conclusion?—"arsenic in medicinal doses is safer, about eight "or ten times safer, than almost any other "medicine!"*

Alas! this magnificent specimen of mathematical reasoning is entirely inappropriate and useless—the proposition omits all mention of the fact, that arsenic, unlike the domestic remedies, IS CUMULATIVE; so that the system of the patient who is subjected to a course of this remedy must, sooner or later, become saturated, and well may he be thankful, if he be one of the "49 out of 50" in whom "a slight degree of conjunctivitis takes precedence of the more grave affections which indicate an over dose."

Amongst the accidents enumerated as liable to occur from the use of arsenic are "conjunctivitis," "swelling of the limbs or features," "irritation of mucous membrane," "purging," "gastritis," "desquamation of cuticle," "general inflammatory state," "flushings," "headache," "exhaustion," "restless nights," sinking," "giddiness," "palpitations," "mental agitation and alarm," etc., etc.†

* Hunt, "on the Skin."

† "Arsenic is considered to be a tonic to the general system, but it certainly is not so to the digestive apparatus; for, according to all testimony, extraordinary care has to be exercised in its administration in order that it may not injuriously affect the mucous membrane of the whole *primâ via*.—Weedon Cooke on Cancer, p. 106.

Now, if arsenic be really cumulative in its nature, if moreover, the system requires to be kept saturated with the medicine to the point or verge of danger (as in favorable cases indicated by slight ophthalmic inflammation), it matters little whether such saturation be effected by gradually increasing doses, suspended upon the manifestation of "unpleasant" symptoms, or whether slight conjunctivitis be induced, and kept up, by small continuous or diminished doses: the only practical difference between the two plans of exhibition seems to be, that by the latter method the point of saturation and danger is, by continuing the medicine in diminished quantities, always maintained; whilst to settle the question as to whether this "almost omnipotent" remedy is truly "as harmless as milk," we take the liberty to quote the following very forcibly illustrative passage: "Beginning with five minims of Fowler's "solution, three times a day, and continuing "that dose steadily until the conjunctiva or "tarsi became slightly affected; then reducing "the dose again and again as the CUMULATIVE "action became apparent in the state of the "*tarsi*, I have VERY RARELY observed any "of the more formidable results in the above "catalogue of symptoms." And again, "If all "subjects were equally susceptible of the

" action of the medicine it would be not only " safe but advantageous to begin with at least " twenty or thirty drops of Fowler's solution for " a dose, this being the average dose borne with- " out injury. But as we do not know what a " patient will bear, different individuals varying " considerably in their tolerance of arsenic, we " begin with a moderate dose, say five minims " three times a day. Now, a person taking this " dose three times a day, will have taken, in ten " days, just 150 minims, and the *effect of this* " *on his system will be the same as that of taking* " 150 *minims (minus the quantity excreted in* " *ten days) at a dose.* That this hypothesis is " very near the truth *I have demonstrated in* " *hundreds of cases.*" ! ! ! *

But besides its cumulative, and, therefore, undeniably dangerous nature, there is another, and equally valid objection to the almost universal and indiscriminate employment of this pseudo-specific. *It very frequently fails*, even after long and persistent employment, (no matter in which way exhibited), to effect its supposed curative property: and even in cases where eruptions *are* benefited by its action, it too generally is found that such amelioration

* "On the Medicinal action of Arsenic in Cutaneous and other Diseases," by Thomas Hunt, Esq., *Medical Times*, 1850.

of symptoms is only temporary—the so-called disease returning as soon as the "remedy" is omitted. It may *for a time* combat an effect (the symptomatic eruption), but unless accidentally, and rarely, it of necessity fails to remove the constitutional cause upon which such effect depends.

Of 140 cases of "psoriasis" or "lepra vulgaris" (these scaly forms of eruption it should be borne in mind are *par excellence* supposed to be most fitted for, and susceptible to the greatest benefit from, the arsenical method) treated with different preparations of arsenic at the St. Louis Hospital of Paris, M. Emery thus writes: "38 only have gone out apparently cured, after two, four, six, eight, and even fifteen months of treatment. Within six months, six of these had returned to my wards. Within eighteen months, I had re-admitted twenty-two. I have never again seen the other sixteen."

So much for the value of this "wonderful remedy ! ! !"

Those who advocate the use of arsenic in almost all the forms of eruption mentioned by systematic authors, especially when such forms beome chronic and resist their other remedies, must either view any given case as a purely local disorder of the skin, or as connected with

some general disorder of the system at large. Now it is evident enough that a purely local affection of the skin would, with equal if not with increased readiness, yield to a more direct and local system of treatment, and one, which according to the dictates of reason would be much more applicable than the resort to a constitutional remedy of so potent a nature:—for it is not easy to conceive, how a remedy acting through the system can remove an external and purely local disorder, without producing some change in the constitutional condition of the patient:—the pre-existing condition being one of health, any change or alteration therefrom must necessarily be of an injurious character. If, on the other hand, these cases are regarded as due to disorder of the general health, the disorder accompanying cutaneous affections being also notoriously of very various kinds, how is it, we would ask, that in these same systemic or constitutional affections when severally unaccompanied by cutaneous symptoms, arsenic is not equally popular and in equal requisition?

Willan and his followers have given to symptoms the character of distinct diseases, whilst their want of success in treatment has led to a complicated system of empirical practice and specific medication no less uncertain

and equally unsuccessful. This is proved by the writings of both special and general practitioners, which not only abound in contradictions but, ingenuously enough, allow the short-comings of their system, and even, frequently, acknowledge the true and symptomatic nature of eruptions.

The late Mr. Plumbe, in his work on the skin, than which no better exists in our language, thus very emphatically expresses an opinion adverse to objective diagnosis and to all systems of classification based upon such foundation: "A classification of the external and "ever-changing forms of the accumulated "secretion of disease on the surface—one day "a pimple, the next a vesicle, on the third a "scab, or crust, the fourth a falling scale, the "fifth a red spot! This might have served the "purpose at the time for want of a better, but "to pronounce it a better classification than "one founded, whether with solid foundation "or not, by its originators, on etiology or the "*causes*, external and internal, of the cutaneous "disease, would be manifestly absurd! There "was a grand and fundamental error com-"mitted by Plenck, and imitated by Willan "and Bateman, Alibert, Rayer, and others, in "classing cutaneous disease in the manner "mentioned." "To know the cause is surely

"to know more towards its successful treat-
"ment, than the practice of the eye on the
"ever-varying forms of external morbid secre-
"tions can ever promise." * Surely, "adora-
"tion of precedent" would seem to be inseparably connected with this subject, for Plumbe himself, in this same book, published coloured plates intended to represent and distinguish the different forms assumed by eruptions: makes use of Willan's nomenclature, although "homely phraseology is, perhaps, far
"better:" and particularly notifies his "atten-
"tion to *descriptive details.*"

Inconsistencies are to be found in the writings of almost all gentlemen who attempt cutaneous diseases; for, if at all acute, they must necessarily see and acknowledge the connection between the local affection and a general disorder of the patient's health; whilst, at the same time, so firmly fixed is the idea of the distinct and special nature of "skin
"diseases" generally, that they all, when on the subject of treatment, with one accord, practically ignore the symptomatic character of the eruption, and even, frequently, altogether disregard that very constitutional relationship

* A practical Treatise on *the* Diseases of the Skin, by Samuel Plumbe, etc., etc., 4th edition.

which they had previously pointed out. So indeed it ever will, and ever must be, whilst medical men respect the artificial system now in such general repute. The real nature of cutaneous affections is patent enough, but so long as special remedies and plans of treatment find favour for the treatment of these cases, so long will eruptive disorders continue to cast an unmerited reproach upon scientific medicine.

No plan of treatment, if directed only to the cutaneous symptoms, can offer any probability of permanent success, so long as the cause, whether local or constitutional, upon which the cutaneous disorder is owing remains in operation; we have, therefore, an all-sufficient indication in the removal of the cause (the constitutional affection or the local irritant); the which object successfully accomplished, the local and symptomatic affection of the skin will either disappear spontaneously, or yield readily enough to such simple and ordinary means as are calculated to restore tone to the capillary vessels of the skin; which then alone, and in consequence of lengthened disorder, may, occasionally, retard the cure.

The following is from the well-known lectures of Sir Thomas Watson.

"Both the scaly disorders, lepra, and psoriasis,

"require the same kind of treatment. I believe "that external applications are of but little use. "I have tried a good many, and have lost all "confidence in them, with the exception of the "warm bath. *Whatever tends to improve the "general health, will hasten the departure of "these eruptions.* I believe that they some- "times depend upon the presence, or the gene- "ration, of an excess of acid in the system; "and that they are often to be cured by alkaline "remedies, I am sure. I have seen many cases "of psoriasis rapidly improve, and get ultimately "well, under full doses of the liquor potassæ; "from half a drachm to a drachm, three or four "times daily, in a glass of milk, or of water, or "of beer, or of ginger tea. Another internal "remedy from which I have seen manifest "improvement result, is arsenic; given with "the cautions, and in the doses, which I have "more than once spoken of. These are the two "remedies of which I have the most experience; "but neither of them is infallible; and you will "have to try many things in succession, for "patients are very desirous of getting rid of the "disfiguring eruption even when it does not "interfere with their health or comfort. Now "the Harrowgate waters, a strong decoction of "dulcamara, pitch-pills (and if pitch-pills, I "should suppose *a fortiori*, creosote), tincture

"of cantharides, and the iodide of potassium, "are remedies of some renown for these scaly "diseases."

We find this gentleman, just previously, p. 744, expressly, and very justly, condemning the method which he nevertheless adopts, teaches, and so perpetuates.

"Under the general head of *cutaneous* diseases "are included maladies of very different kinds, "and of very different degrees of importance. "Some are attended with fever, and run a "definite course, and are often dangerous to life. "Others are chronic, irregular in their progress, "troublesome perhaps, and obstinate, and dis- "figuring, yet implying no peril to the existence "of the patient. Some again are contagious, "while many are not so. But before I enter "upon any further account of these diseases, I "wish to make you acquainted with the names "by which the various morbid appearances "presented by the skin have been known, since "the time of Dr. Willan.

"That author—whose works have been aug- "mented by Dr. Bateman, so that perhaps I "ought to say *those* authors—divide cutaneous "diseases into eight orders *distinguished from* "*each other solely by the appearance upon the* "*skin.* I shall omit the last of these orders, "the order of *maculæ*, such as freckles and

" congenital spots and discolorations, because " in fact these are not diseases at all.

* * * * * *

" Now it is very convenient, for the purpose " of distinguishing different diseases, and of " describing them, to know these outward marks " when you see them, and to use these names. " But they form a very unfit basis for the " *classification* of diseases. Maladies may use- " fully be classed according to their causes; " according to their intimate nature; according " to the general plan of treatment they may " require. *But the superficial markings of* " *disease have no definite relation to any of* " *these heads.* Besides, a complaint which is " papular to-day, may be vesicular to-morrow, " and pustular next Saturday. Yet the classi- " fication most commonly followed in this " country, and in France, is that of Willan and " Bateman. Here we find collected, under one " and the same division, maladies which nature " has stamped with broad and obvious marks " of distinction: the febrile with the non-febrile; " contagious complaints with those which have " not that property: ailments that are local and " trivial, with diseases of grave import and " deeply rooted in the system at large. And, " on the other hand, distempers which nature " has plainly brought together, and connected

" by striking analogies and resemblances, this " methodical arrangement puts widely asunder. " I point out, without professing to remedy, " these imperfections."

The above very forcible expression of an adverse opinion with regard to Willan's system does not, however, prevent Sir Thomas from describing a majority of the principal genera in accordance therewith, whilst the following passage from his work pretty conclusively acknowledges his practical belief in objective diagnosis :—" If you look at the list of *genera* " and *species* appended to the various works " which treat exclusively of cutaneous diseases, " you will find that they are exceedingly " numerous. But these disorders differ widely " in their relative importance ; and the principles " upon which their remedial management pro- " ceeds are not so greatly diversified as these " ' tables of contents ' might lead you to suppose. " I have spoken pretty fully of the most serious " and interesting of these maladies—I mean " the febrile exanthemata ; but I have no time " left for pursuing in detail the host of chronic " affections to which the skin is subject. Nor " do I much regret this. *To become expert in* " *the diagnosis of these blemishes, and in curing* " *such as are curable by our art, you must see* " *them with your own eyes.* Verbal descriptions

" of their changeful characters are of compara-
" tively little service or interest. They are
" among the things that require to be 'oculis
" subjecta fidelibus.' Even pictured represen-
" tations convey but an inadequate notion of
" the morbid appearances they are designed to
" portray. The lecturer on skin diseases should
" have actual patients before him *to whose*
" *bodies he could point ! !* *

" The truth is, that the various genera of
" cutaneous disease, as characterized by their
" external appearances, do not differ in the
" same essential degree, in which the diseases
" of organs of various structure differ from each
" other." †

Again, Dr. Burgess, whom we have seen to be an uncompromising advocate for Willan's system, "differential diagnosis," and special remedies, yet notwithstanding, is compelled to acknowledge the true relative connection between cutaneous disorder and constitutional derangement.

" In some rare cases, where cutaneous disease
" is slight and limited in extent, local measures
" may suffice; but, generally speaking, a con-
" stitutional treatment is necessary, for cutaneous

* Vol. II., p. 932.

† Bateman.

"diseases are almost always connected with "some derangement of the general health, "against which local remedies are powerless."*

"It is scarcely necessary to remark that every "deviation from the healthy condition of the "skin, if it cannot be traced to the direct "influence of some external agent, such, for "example, as great solar heat, which produces "Eczema solare; or to dry powders and "alkaline solutions, which produce two distinct "local forms of psoriasis, and similar causes "must be regarded as depending on some morbid "change, either in the function of digestion, or "assimilation, or secretion, or in some derange-"ment of the general constitution.†

"Indeed, in treating these affections, we "cannot hope for success without having "constantly before us their intimate connection "with the organic functions." ‡

"It is, indeed, impossible to form a correct "idea of almost any disease affecting the skin, "by the mere inspection of the eruption, how-"ever important the characters of the eruption "may be in aiding our diagnosis; we must "exert our observing, discriminating, and

* Burgess, p. 18.

† Thomson by Parkes, p. 186.

‡ Ibid, p. 187.

" reasoning powers in connecting the external " indications of the disease with the general " condition of the system; and the fact, that " it is only by treating the latter that the " former can be removed, ought never to be " forgotten." *

Language like the above might well have been penned by the opponents of classification, but when such spontaneous and unpremeditated criticism is found in the works of gentlemen who themselves indulge in classification and its adjuncts, it is more particularly apposite and to the point;—in fact, no more forcible evidence of the inutility and obstructive tendency of their method could possibly be adduced;—if cutaneous diseases are so generally connected with derangements of the general health, and demand constitutional treatment,—if the constitutional disorder gives rise to the cutaneous symptoms and requires our first consideration, —where is the necessity for all this classification, this minute attention to "differential diagnosis," and this assumption of a specific character for cutaneous symptoms, and for cutaneous remedies? Nothing can be more obvious, than to follow the rational plan of

* Ibid, p. 188.

treating the constitutional cause,—to ignore a system based upon puerile, irregular, and meaningless distinctions,—and to strike at the root and cause of the totality of the symptoms, rather than to direct special attention to the one, which if the most evident, is also frequently the least worthy of consideration.

Indeed for the treatment of these cases we require physicians conversant with all forms and phases of disease,—men whose observations have not been confined to any single set of symptoms, but who, from experience, of all stages and forms of disease generally, will assuredly be the most competent to treat any and every form of symptom to which such diseases are capable of giving rise. The varied and innumerable complications and connections which, of necessity, exist in and between all disorders, renders it an utter impossibility that an *exclusive* attention to any particular disease should fail to lessen that full appreciation of general and relative derangement, a proper consideration of which is so important in all cases. The practitioner who has had the greatest opportunity of witnessing and treating diseases accompanied by cutaneous disorder, will naturally, and *with the proviso that he has proper views as to the symptomatic character of such local affection*, be the best qualified to

treat these disorders; nevertheless, however common may be the contrary opinion, cutaneous eruptions are in no wise suited as the object for *exclusive* study, and no amount of skill or aptitude in diagnosis, no extent of experience in the use of psuedo-specifics, can ever replace or compensate that due appreciation of their real nature which is an essential to their successful treatment.

The rational indications for the treatment of eruptions may be briefly stated to consist—in the removal of local causes of irritation, should such be present—and in the employment of such general remedies as are calculated to restore the healthy integrity of the constitution.

Those cutaneous disorders which are originated as purely local affections, from the direct action of some irritant upon the skin, are comparatively rare; they may, however, and, if their progress is long unstopped they inevitably will, produce a sympathetic and corresponding constitutional disorder, the which, once set up, will again in turn re-act upon the local affection, until in time the reciprocal action of both—the local disorder and the constitutional affection—being unchecked, the patient will become the victim not only of a chronic and "obstinate" affection of the skin, but also probably will suffer materially in his general health.

Some of the more local forms of eruption are rendered peculiar from their being accompanied by the presence of certain animal and vegetable parasites, which if they do not always give rise to the eruptions which they accompany, at any rate, by their presence, produce an amount of local irritation which maintains and aggravates the morbid action existing in the part affected. Moreover, as these living bodies multiply and increase, so also will the surface over which their influence is felt increase likewise; the skin become more and more engaged and disordered, or, to use a common expression, the eruption will be found to "spread." There can also be little doubt that these affections are capable of communicating a similar disorder by their direct contact, or by the transfer of the parasite engaged from one individual to another.

Much has been written controversially respecting this peculiarity (the accompanying parasites); one author maintains the parasite to be the *fons et origo mali*—the first great cause of the disease, and that it is always from contagion that such affections take their origin; another considers that the parasite results from a pre-existing disease in the part affected; a third, that though capable of communication from one individual to another, it nevertheless

requires a peculiar condition, susceptibility, and aptitude in the part to which the morbific agent is applied, before such can exert its natural and injurious effects :—the immediate contact of the surface of the recipient, either with the previously affected person, or with some articles of dress, etc., infected by him, is thought by some to be necessary; whilst others imagine that the nidus of the disease may be conveyed in the atmosphere, and so affect those who may be susceptible to its influence.

The above are a few of the contradictory opinions which find favour with the profession. They might be increased indefinitely were there any utility in so doing,—disquisitions of this kind are however useless to the practical physician,—if the parasite be present, if by its presence it keeps up and aggravates the cutaneous irritation and disorder, and if through its agency the affection is capable of communication from one part to another, or from the one patient to others,—it suffices practically to know how to distinguish its presence, how to destroy the offending agent, and how to restore the injury already inflicted, or prevent the subsequent operation of its influence.

One thing is certain in connection with parasite affections, and this applies more or less to the sources of local irritation generally—that

whilst all may suffer from their action, they are more common, and attack in preference, the feeble, ill-fed, and less cleanly portion of the community,—a fact of much significance and great practical importance. That state of the constitution called strumous seems particularly favourable to their formation and perpetuation, so much so, that by some they are regarded as necessarily connected therewith,—no doubt in a large majority of cases a constitutional disorder is present, and that, not rarely, such systemic fault acts as a powerful predisposing case :—but it must not be forgotten that every local disease, however set up, is capable of giving rise to a more or less severe form of general disorder—hence it is always advisable, and sometimes indispensible, to direct attention to the constitution, even where the cause, and the disorder directly resulting from its action, may seem apparently to be only of a simple and local nature.

In reality many apparently simple cases demand, even more than others where the systemic and general disorder is plain and distinct, a full enquiry into their constitutional relationships and the previous history of the patient. True, such enquiries demand tact, discernment, and no small professional knowledge of diseases in general :—the practitioner may experience more trouble and difficulty in

such inquisitions than is demanded by the mere ocular appreciation of physical peculiarities on the surface; but it is in such discriminating faculty or talent that the true physician excels, and from the insight so obtained into the personal peculiarities of his patient's constitution it is, that he may hope to find his practice both satisfactory and certain.

The local causes of cutaneous irritation and disorder are readily enough discovered from the history of the case, nor are they, with the exception of the parasites already mentioned, at all remarkable or peculiar. The requisite measures for their removal are equally obvious, and with regard to the use of outward applications when the affection is not altogether local, we have only to repeat that they can be of little service, unless combined with such proper constitutional treatment as the case may demand, and must always, when required at all, be exhibited in accordance with the stage or degree of disorder which may be present in the cutaneous capillaries.

The chief use of external applications is, that they may, in suitable cases, when judiciously applied, afford relief from irritation of a distressing character, and, by so doing, husband the strength of the patient until such period as our other general and more important remedial

measures may remove the constitutional cause; but still it is in an appreciation and proper treatment of the latter that we must rely for a permanently good result. The *abuse* of external applications is not uncommon: nothing is easier, in many cases, than to dry up an eruption of long standing or to cause its disappearance, but the patient, who under such circumstances imagines himself cured, too speedily is undeceived—the eruption may or may not return, but its retrocession will, in all probability, be followed by the implication of some internal, perhaps vital, organ, or the system at large be dangerously affected. Such practice cannot be too strongly deprecated. Further than this we need not expatiate,—the details of practice in every case must necessarily vary, nor can any set rules ever replace a correct professional judgment as to the present and individual requirements of the patient.

So also, and more especially with regard to the constitutional treatment—there can be no plan which will suit all cases, however in the main similar—the causes alike,—the constitutional peculiarities of patients must differ—the stages and circumstances vary—and a hundred things interfere with any general or universal method. Moreover, the constitutional causes of cutaneous disorder, direct, indirect,

and predisposing, are innumerable, so that even to attempt to enumerate and enter into detail of them all, or of even the major part, would in fact be tantamount to writing a general treatise upon the principles of medicine. Such is not the object of the present work, still less to endeavour to particularize the several remedial measures which each differing constitutional condition might seem to indicate. The practice of Medicine is not to be learnt from books—*they* can but point out the general principles which should govern a scientific choice of remedies—practical acquaintance with disease, together with a sound judgment, must do the rest. To the well informed and practical physician the foregoing pages will have sufficiently indicated the *principles* upon which a satisfactory practice may be conducted, nor would any more lengthened argument or explanation prove of service to the unskilful or prejudiced practitioner. To the latter its very simplicity will, doubtless, afford indubitable evidence of its "unscientific" character, but to the former, and let us hope, more numerous class, this will prove no obstacle, and to such, therefore, we respectfully and earnestly commend a trial of the rational method—well assured, from long and successful experience, of its infinite superiority to the system now in use.

POSTCRIPT.

So recently as last year Mr. Erasmus Wilson endowed a special chair of "Dermatology" at the Royal College of Surgeons; the *Medical Times and Gazette* (February 5th, 1870), gives the following account of his first lecture:—

PROFESSOR ERASMUS WILSON'S COURSE OF DERMATOLOGY.

"We are sorry that we are unable this week, "as we hoped, to give Professor Wilson's first "lecture on Dermatology, which was delivered "on Monday at the Royal College of Surgeons.

* * * * * * * *

"Skin diseases were shown to have the same "nature (taking the structure of the part into "account) as diseases of the stomach or of the "lungs; they belong in their pathology to the "range of ordinary diseases, understood by "every Physician and Surgeon, and so with "respect to their treatment. Many persons "are under the impression that this consists in

"the "exhibition" of mysterious "specifics," "whose nature and properties are known to the "few and fortune-favoured specialists. They "have a notion that brimstone, arsenic, and "iodine, with perhaps corrosive sublimate by "way of variety, are shuffled together and dealt "out by these adepts to their patients after "some rules unknown to the rest of the Pro- "fession. But Professor Wilson disclaims all "this legerdemain. He denies the existence of "specifics, affirms that skin diseases are treated "on the general principles of Medicine and "Surgery, and says that the above-named "medicines act as tonics, stimulants, and altera- "tives on the skin, no more and no less than "on any other organ that may be diseased. "We confidently believe that these lectures "will give comfort and confidence to many a "Practitioner, and enable him to see his way "clearly through what now to some is a "thorough labyrinth."

That erroneous notions as to specifics prevail I well know, but I had hoped, that since 1863, when the present work was first published, some few at least had been enlightened as to their mistake, and I am at a loss to understand why Professor Wilson's many published works

have not dissipated the delusion, if he previously entertained his present opinion. If eruptions are to be treated on the general principles of Medicine and Surgery, if specific remedies are indeed a myth, what need for a special chair of Dermatology? Am I not right after all? and are not the systematic treatises, the plates, the professorship, and the wax-works all unnecessary and a mistake?

BARR MEADOWS.

Dover Street,
February 8th, 1870.

G. HILL, STEAM PRINTER, WESTMINSTER BRIDGE ROAD, LONDON.